

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

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EXHIBIT A

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANGELA CARLOS, as	:	CIVIL ACTION
ADMINISTRATRIX of the	:	
ESTATE OF TIOMBE KIMANA	:	NO. 1:15-CV-01994
CARLOS,	:	
Plaintiff	:	(Judge Caldwell)
	:	
vs.	:	(Magistrate Judge
	:	Saporito)
YORK COUNTY, et al.,	:	
Defendants	:	

DEPONENT: PATRICK GALLAGHER, LPC

DATE AND TIME: Thursday, June 23, 2016
at 1:20 p.m.

LOCATION: Law Offices of Donald L. Reihart, Esquire
3015 Eastern Boulevard
York, PA 17402

KAPLAN, LEAMAN AND WOLFE
REGISTERED PROFESSIONAL REPORTERS
CONSTITUTION PLACE
325 CONSTITUTION PLACE
PHILADELPHIA, PENNSYLVANIA 19106
(215) 922-7112

1 New Castle Youth Development Center, what time period did
2 you have those jobs?

3 A. That would have been 1960 -- now wait --
4 1973 to probably '75, then '75 to '76, and then the
5 Elizabeth Murphy School was just prior to when I came to
6 work at York County, so it probably would have been 1984,
7 1985.

8 Q. So most of those jobs were before you
9 obtained -- actually, all three of those jobs --

10 A. Right.

11 Q. -- were before you obtained your Master's.
12 Is that right?

13 A. Correct.

14 Q. Do you have an undergraduate degree?

15 A. I have an undergraduate Bachelor's degree
16 in English.

17 Q. What training did you have to work as a
18 Counselor before your Master's?

19 A. The -- the training provided by the
20 Commonwealth of Pennsylvania, the Commonwealth of Virginia.

21 Q. Were those all State employment?

22 A. Yes.

23 Q. Okay. So can I assume then without a
24 Master's you were not a licensed Counselor?

25 A. No, I was not. I was not licensed until

1 Pennsylvania got the licensure.

2 Q. And what year was that, in the '90s
3 sometime?

4 A. Yeah. Early '90s I believe. I was a
5 Certified Clinical Mental Health Counselor.

6 Q. That was not a statutorily authorized
7 licensure. Is that --

8 A. No, Pennsylvania didn't have a licensure
9 for -- for -- didn't have an LPC.

10 Q. Okay, but you maintained your LPC license as
11 soon as that became available in the '90s?

12 A. Absolutely.

13 Q. Okay.

14 A. I was grandfathered in because of the
15 CCMHC, Certified Clinical Mental Health Counselor, and the
16 NCC, that grandfathered me in under Pennsylvania rules.

17 Q. Help me understand the difference between a
18 Licensed Professional Counselor and, for instance, a
19 psychologist with a Psy.D, or a Licensed Clinical Social
20 Worker who provides psychotherapy services. What's the --
21 let me ask it this way. What do you do as a Licensed
22 Professional Counselor?

23 A. I provide direct therapeutic services to
24 individuals, group and individual counseling services.
25 That would be more in the community mental health center

1 situation.

2 In the Correctional Center I do intake
3 assessments and a lot of crisis intervention work there.
4 And there would be -- no matter what the degree was,
5 Psy.D., LCSW, LPC, the environment dictates what you do, if
6 you -- if you can follow that.

7 Q. Sure. Can -- do I understand correctly that
8 your -- the job that you do could also be done by someone
9 with a Psychological Doctorate, with a Licensed Clinical
10 Social Worker degree?

11 A. Yes.

12 Q. Okay. So it sounds like you've been working
13 at York County Prison basically for the past 30 years. Is
14 that correct?

15 A. 31.

16 Q. Okay. I saw reference to you in one of the
17 documents -- well, many documents produced in the case that
18 you are the Mental Health Coordinator. Is that the title?

19 A. Yes.

20 Q. For how long have you been the Mental Health
21 Coordinator?

22 A. I'm thinking with that -- being called
23 that, probably seven years. Functionally being that, since
24 I started.

25 Q. Okay. Who is your employer, by the way?

1 A. WellSpan Health System.

2 Q. Which is a private entity that has hospitals
3 and private medical offices around York County and
4 elsewhere. Is that correct?

5 A. York, Lancaster, Adams, yes.

6 Q. Now, I'm aware that PrimeCare Medical has
7 the contract for Medical and Mental Health services at the
8 prison. How is it that you are an employee of WellSpan yet
9 are working at York County Prison?

10 A. I was the first one there. When I -- back
11 in 19 -- April 1, 1985, I was looking for -- I got an
12 informational interview with Steve Warren, who's the Mental
13 Health Director for York County, Who I worked with before.

14 Q. You're here about the County, not the County
15 prison.

16 A. The County MHMR or MHIDD entity.

17 Q. Which oversees Mental Health services?

18 A. For the entire county -- well, York and
19 Adams Counties.

20 Q. Okay.

21 A. I had an informational interview with him
22 because I was looking for work. I wanted to move back up
23 here. And he said, well, you know, they need someone at
24 the jail, go talk to Tom Hogan, who's the Warden, he'll let
25 you get the job, I know you. So I talked to Hogan, he said

EXHIBIT B

B

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANGELA CARLOS, as	:	CIVIL ACTION
ADMINISTRATRIX of the	:	
ESTATE OF TIOMBE KIMANA	:	NO. 1:15-CV-01994
CARLOS,	:	
Plaintiff	:	(Judge Caldwell)
	:	
vs.	:	(Magistrate Judge
	:	Saporito)
YORK COUNTY, et al.,	:	
Defendants	:	

DEPONENT: PAMELA ROLLINGS-MAZZA, M.D.

DATE AND TIME: Thursday, June 23, 2016
at 9:10 a.m.

LOCATION: Law Offices of Donald L. Reihart, Esquire
3015 Eastern Boulevard
York, PA 17402

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(215) 922-7112

1 Q. So we'll come back to this topic later about
2 the medication administration. Is your -- is it your
3 recollection that Ms. Carlos was prescribed to receive
4 Haldol as an injection?

5 A. Yes.

6 Q. How frequently?

7 A. Monthly.

8 Q. Okay. And when you went back and reviewed
9 the record, what did you see?

10 A. My recollection now is that there were two
11 to three occasions where she refused or declined the
12 medication. And then either that day or within the next
13 day she received the medication after that from the Mental
14 Health nurse.

15 So there was just a couple of occasions in
16 this time that she was with us that she declined her
17 medication, but it did -- was eventually administered
18 shortly after the due date.

19 Q. By the way, you mentioned that you went back
20 to the chart to review the medication. Let me ask a
21 separate question. Did you remember Ms. Carlos when you
22 first received notice of this lawsuit?

23 A. Yes.

24 Q. Okay. What did you remember about her?

25 A. I remembered the time -- she was at the

1 Q. Thank you. For how long were you working
2 with WellSpan?

3 A. I worked with WellSpan from 2001 to --
4 until 2006. And then in 2006 I started with Holy Spirit
5 Behavioral Health.

6 Q. Is that a hospital setting?

7 A. Holy Spirit? Yes. It's in Camp Hill.
8 It's now part of Geisinger. At that time it was not,
9 though.

10 Q. For how long were you with Holy Spirit?

11 A. From August of 2006 until November,
12 December of 2007.

13 Q. Okay. Where did you go next?

14 A. In January of 2008 I started with PrimeCare
15 and at York County Prison.

16 Q. Have you been with PrimeCare consecutively
17 since that time?

18 A. Yes.

19 Q. All right. I -- you noted that you're at
20 York County Monday, Tuesday, Wednesday?

21 A. Yes.

22 Q. Are you located elsewhere on other parts of
23 the week?

24 A. Usually, on Thursday morning I cover
25 Cambria County Prison through a telemedicine system. I

1 also cover Cumberland County Prison on an as necessary
2 basis. They have a Nurse Practitioner who does their
3 mental health line there. And if they need to have
4 commitment papers filed, I go and see the patient. And I
5 also cover vacation there, so it's sort of as they need me.

6 But my primary sites are York County
7 Prison, Cambria County Prison, and I also go to the juvie
8 center here in York. Juvie, that's the Youth Development
9 Center. Sorry.

10 Q. So you are a full-time employee of PrimeCare
11 then?

12 A. No, I am part-time.

13 Q. How many hours a week are you?

14 A. I get paid for 28 hours a week. I am on
15 call 24/7, however, except for when I'm on vacation.

16 Q. Okay. I don't want to go back and cover
17 each job, so let me ask you this. Why did you leave Holy
18 Spirit and start working with PrimeCare?

19 A. I, at that time, was a mother of two small
20 children. I had a six-year-old and a three-year-old, I
21 guess he was at that time. And I was working full-time at
22 Holy Spirit on an in-patient unit with call, you know,
23 frequently on the weekends, and it was -- my primary job, I
24 guess, is mother. So I made a decision at that point to go
25 to part-time.

1 Q. Okay. Were you ever, at any point in your
2 medical career, terminated from a job or asked to leave?

3 A. No.

4 Q. Did you ever leave a job involuntarily for
5 any reason?

6 A. No.

7 Q. Let's focus specifically on your work at
8 York County Prison, which I take it has generally been
9 three days per week for the past eight or nine years. Is
10 that right?

11 A. Eight years. Yes.

12 Q. What are your responsibilities at York
13 County Prison?

14 A. My responsibilities at York County Prison
15 is basically medication management. I see patients that
16 are referred to me for medication. Usually, that includes
17 people who come into the jail, who are out -- have outside
18 treatment and are on medications when they come to the
19 jail.

20 And it also would include referrals from
21 the Mental Health Counselors for people who they think need
22 a medication -- you know, need to be evaluated for
23 medication. And then I see -- I do the initial evaluations
24 and then follow-up with respect to medication management.

25 Q. Let's return to that in just a moment.

EXHIBIT C

Holly Snyder

COPY

Page 1

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANGELA CARLOS, as : CIVIL ACTION
ADMINISTRATRIX of the :
ESTATE OF TIOMBE KIMANA : NO. 1:15-CV-01994
CARLOS, :
Plaintiff : (Judge Caldwell)
vs. : (Magistrate Judge
Saporito)
YORK COUNTY, et al., :
Defendants :

DEPONENT: HOLLY ANN SNYDER, RN

DATE AND TIME: Tuesday, July 19, 2016
at 8:45 a.m.

LOCATION: Law Offices of Donald L. Reihart, Esquire
3015 Eastern Boulevard
York, PA 17402

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Holly Snyder

Page 13

1 to her job. So we have a phone in the conference room,
2 which Dawn has tried to get to work and apparently it's
3 not. All I can say is we'll have to do our best.

4 MR. GLASSER: John, I mean, this is
5 cutting out. It's not going to be useful for me even to
6 do this. Can I try maybe calling from a different
7 number?

8 MR. FEINBERG: Calling from a different
9 number?

10 MR. GLASSER: Maybe the connection will
11 be better. I'm sorry for this mix-up here.

12 (Discussion was held off the record.)

13 BY MR. FEINBERG:

14 Q. So, Ms. Snyder, you told me that you
15 finished your nursing education in 2012 at Lancaster
16 General. Is that correct?

17 A. Yes.

18 Q. And you are an RN. Is that right?

19 A. Yes.

20 Q. And did you say that you left Lancaster
21 General and went right to PrimeCare?

22 A. Yes.

23 Q. Where did you work while you were employed
24 with PrimeCare, exclusively at York County Prison?

25 A. Yes.

Holly Snyder

Page 14

1 Q. Okay. So you were at York County Prison
2 from 2012 until?

3 A. 2014.

4 Q. So about two years?

5 A. Yes.

6 Q. All right. Could you describe for us your
7 responsibilities at York County Prison?

8 A. For the first year I worked in the Medical
9 Department.

10 Q. What shift did you work?

11 A. Second shift.

12 Q. What times?

13 A. I think it was 2:30 till 11:00.

14 Q. Okay. And what about the second year?

15 A. I worked in the Mental Health Department.

16 Q. Is that where you would have had your
17 contact with Tiombe Carlos?

18 A. Yes.

19 Q. Did you ever have any contact with Tiombe
20 Carlos when she was -- when you were working in the Medical
21 Department?

22 A. Not specifically that I can remember.

23 Q. All right. Now, we know that Ms. Carlos
24 died in October of 2013. Can you estimate when you would
25 have made that shift to the Mental Health Department?

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANGELA CARLOS, as	:	CIVIL ACTION
ADMINISTRATRIX of the	:	
ESTATE OF TIOMBE KIMANA	:	NO. 1:15-CV-01994
CARLOS,	:	
Plaintiff	:	(Judge Caldwell)
	:	
vs.	:	(Magistrate Judge
	:	Saporito)
YORK COUNTY, et al.,	:	
Defendants	:	

DEPONENT: AIMEE LEIPHART, LPN

DATE AND TIME: Thursday, June 23, 2016
at 12:10 p.m.

LOCATION: Law Offices of Donald L. Reihart, Esquire
3015 Eastern Boulevard
York, PA 17402

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(215) 922-7112

1 Q. Okay. Let's actually --

2 A. Because I get -- yeah.

3 Q. Let me go with your instinct and go back to
4 the beginning when you first started working in 2002. What
5 were your responsibilities at the York County Prison then?

6 A. I was a -- I worked in the Medical
7 Department. I passed meds. I started on second shift, and
8 I --

9 THE REPORTER: You started on what?

10 THE WITNESS: On second shift. Sorry.

11 BY MR. FEINBERG:

12 Q. Let me ask you to just slow down a little
13 bit.

14 A. Okay. I started on second shift, passed
15 meds, and did sick call triage. We saw people that put
16 sick call slips in for whatever complaints they were having
17 at that time.

18 Q. Okay. And did those job responsibilities
19 change?

20 A. Since the --

21 Q. Well, did -- let me go back. That was where
22 you were started in 2002. Is that right?

23 A. Right.

24 Q. At some point you changed to do Mental
25 Health work. Is that right?

1 A. Yes, I took a bid.

2 Q. All right. Were there any other changes in
3 your job assignments from when you first started until you
4 became a Mental Health nurse?

5 A. No.

6 Q. All right. You just used the phrase take a
7 bid or took a bid. What do you mean by that?

8 A. Through the Union, we're Unionized, so the
9 bid went up to -- for an opening for a Mental Health nurse,
10 and I bid on that position.

11 Q. All right. And then you were hired. Is
12 that right?

13 A. Yes.

14 Q. Was there a pay increase associated with
15 that?

16 A. No.

17 Q. Did your shift change?

18 A. No.

19 Q. All right. Well, which --

20 A. Sorry.

21 Q. Go ahead. I interrupted you.

22 A. Probably two years after I started there in
23 2000 -- probably 2004 I switched over to day shift in the
24 same Medical -- in the Medical. And then the bid went up
25 for the Mental Health nurse day shift, so it didn't change

EXHIBIT E

E

Form 425 MED (MH) (9-92)

State of New York
OFFICE OF MENTAL HEALTH

SCREENING/ADMISSION NOTE AND PSYCHIATRIC EVALUATION

(2 Part)

PART I — Screening/Admission Note

Date Completed: 7/12/94

6539
Carlos, Tronbe

F *804*

804

INSTRUCTIONS: The physician must complete Part I, Screening/Admission Note, on admission and Part II, Psychiatric Evaluation, no later than 60 hours after admission. The physician may leave blank any section of Part II that is duplicated in Part I and note in that section "See Part I."

1. Alerts:

List risk factors including danger to self/others (specify degree of risk and targets), physical health conditions/needs, allergies, CPT status, etc.

*H/O many fights (pt has several scars)
S/D rep. (?) of age 12 1/2 years
H/O Being beaten (?) unknown by who*

2. Chief Complaint:

include sources of information and reliability

"you want to hurt me"

3. History of Present Illness:

include onset of illness and circumstances leading to screening/admission

yesterday morning after smoking a blunt, pt started hallucinating + acting bizarre. Pt was his mother's BPHC ER. Since then she is constantly hearing voices, is very paranoid, hostile and disorganized. Mother relates that pt had made paranoid statements even prior to yesterday.

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Carlos 301

22

Form 425 MED (MH) (9-82) Page 2

State of New York
OFFICE OF MENTAL HEALTHSCREENING/ADMISSION NOTE
AND PSYCHIATRIC EVALUATION (2 Part)

Patient's Name (Last, First, M.I.)

Carlos Jimbo

C#id.No.

6539

Significant
History:

1. Mental Health (include medications, family history of mental illness, physical/sexual abuse as victim or abuser)

2. Alcohol and Drug Use/Abuse

3. Physical Health (include medications, high risk behaviors for HIV)

4. Education/Work

5. Developmental/Family

6. Cultural Issues

One part of her raped by stranger at age 12 1/2 y.
2 beaten by sibling
3 smoked pot x 1 year denies ETOH
4 P.D. sexually active,
5 on the way out
6 left school this year, in 9th grade reg. ETOH,
7 Roosevelt HS
8 family

Mental Status:

include the following areas: appearance/attitude/behavior, thought processes/content, perceptual disorders, mood/affect, suicidal/homicidal behavior/ideation, and cognitive functioning

Attractive unkempt, uncooperative, hostile, mood blunt, affect hostile, disorganized thinking, delusions, auditory hallucinations, suicidal & homicidal ideation, unable to elicit cognitive functions decreased, insight & judgement poor

6. Admitting
Diagnosis:

Enter a P in front of the principal diagnosis

AXIS I Organic Delusional Disorder

AXIS II Schizophrenia

AXIS III P.D.

AXIS IV Psychosocial Stressors

a. Stressor(s):

b. Severity 1. ☐ None 2. ☐ Mild 3. ☐ Moderate 4. ☐ Severe 5. ☐ Extreme 6. ☐ Catastrophic 7. ☒ Inadequate Info/No Change

c. Duration 1. ☐ Predominantly Acute Event 2. ☐ Predominantly Enduring Circumstances

Carlos 302

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State of New York
OFFICE OF MENTAL HEALTH

Form 425 MED (MH) (8-92) Page 3

SCREENING/ADMISSION NOTE
AND PSYCHIATRIC EVALUATION (2 Part)

Patient's Name (Last, First, M.I.)

Carlos, Tiombe

C-Id, No.

6539

7. Reason for
Admission/
Non-Admission:If patient is not admitted, include information regarding referrals to
other programs or services.thought disorder
hallucinations

— Complete the following ONLY for admitted patients —

8. Legal Status:

Indicate voluntary, involuntary, CPL, etc. and include implications for treatment
as applicable.

minor voluntary

9. Advance
Directives:

Complete ONLY for patients 18 and older.

If the patient has executed an advance directive, the original or a copy must be
included in the clinical record.

The patient has executed a (check all that apply):

☐ health care proxy☐ consent for a do-not-resuscitate order☐ living will and/or☐ durable or springing power of attorneyThe patient has received written information on advance directives ☐ YES ☐ NO10. Immediate Needs/
Recommendations:

Note immediate treatment needs and recommendations.

hospitalization to ensure pt's
safetyCONFIDENTIAL INFORMATION
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Staff Signature:

Title:

Date:

Physician's Signature:

Carlos 303

Title:

Date:

R. B. B. M. J. U

Psych I

8/12/94

rm 425 MED (MH) (9-92) Page 4

State of New York
OFFICE OF MENTAL HEALTHSCREENING/ADMISSION NOTE
AND PSYCHIATRIC EVALUATION (2 Part)

Patient's Name (Last, First, M.I.)

Carlos, Tiombo

C.O. Id. No.

6589

PART II — Psychiatric Evaluation

Date Completed: 7/14/94

I. History:

Note any additional historical information not included in Part I, Screening/Admission Note

A. Mental Health (include first psychiatric symptoms, circumstances and frequency of previous hospitalizations; medication response and major side effects; and dangerous behaviors.)

No. 4-yr. prior to this admission, mother relates that it has made statements indicating paranoia for about 2 yrs. Pt. has frequently been involved in fights + has been truant about 50% of last school year.

B. Alcohol and Drug Use/Abuse (indicate if further evaluation is needed.)

occasional drinking marijuana daily x 1 year. Urinal tox-screen performed at BWHC was negative (COPD & cannabis).

C. Physical Health (include a summary of significant findings on Physical Examination and Assessment, and any potential interactions between mental and physical health problems/needs.)

S/P abortion in 4/94 (12 wks gestation). Pt. has active PID, tx with erythromycin. Pt. will be sent to gyn for S/P exam once she is psychiatrically more stable.

2. Mental Status:

A. Appearance

unkept, staring

B. Attitude (include cooperation, guardedness, avoidance)

hostile, unpredictable

C. Behavior (include psychomotor activity, abnormal movements)

assumes bizarre posture

D. Speech (include rate, e.g. normal, slow, mute, rapid; quality; and abnormalities, e.g. aphasia, dysarthria)

monosyllabic

Carlos-304

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State of New York
OFFICE OF MENTAL HEALTH

Form 425 MED (MH) (8-92) Page 5

SCREENING/ADMISSION NOTE AND
PSYCHIATRIC EVALUATION (2 Part)

Patient's Name (Last, First, M.I.)

Carlos Triombe

ID# / Id. No.

G539

E. Thought Processes (include logical and organized, circumstantial, tangential, disorganized, flight of ideas; describe in terms specific to this patient)

Thought blocking, at times irrelevant

F. Thought Content (include delusions, ideas of reference; describe in terms specific to this patient)

paranoid ideas/persecution

G. Perceptual Disorders (include hallucinations, illusions; describe in terms specific to this patient)

Hearing voices, commenting & derogatory

H. Mood/Affect (include stability; congruence/incongruence)

labile, hostile

I. Impulse Control (include ability to control aggressive, hostile, sexual impulses)

poor

J. Suicidal and/or Homicidal Behavior/Ideation (Describe in terms specific to this patient)

unclear

K. Cognitive Functioning Examination (Describe any tests used in making the following interpretations)

• Sensorium/level of consciousness (indicate whether awake, responsive, lethargic, fluctuating)

A+O x 2 / clear

• Orientation (indicate time—season, day, month, year, next holiday; place—type, exact name; person)

• Memory

Attention (immediate recall, digit span, serial numbers)

Recent memory (3 objects after 5 minutes)

Remote memory (personal/nonpersonal)

unable to test

• Ability to abstract and generalize (include proverbs and similarities)

unable to test

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• Estimation of intelligence (indicate above average, average or below average and how evidenced)

unclear

• Insight/Judgement (include awareness of mental illness and understanding of consequences of actions; describe in terms specific to this patient)

extremely poor

Carlos 305

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Form 425 MED (MH) (9-92) Page 6

State of New York
OFFICE OF MENTAL HEALTH

SCREENING/ADMISSION NOTE AND PSYCHIATRIC EVALUATION (2 Part)		Patient's Name (Last, First, M.I.) Carlos, Trombe		MC#id, No. 8539	
3. Diagnosis:		Enter # in front of the principal diagnosis.			
AXIS I Psychosis No Organic physical D/O AXIS II Depressed AXIS III PTD AXIS IV Psychosocial Stressors a. Stressor(s): <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme <input type="checkbox"/> Catastrophic <input checked="" type="checkbox"/> Inadequate Info/No Change b. Severity <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Extreme c. Duration <input type="checkbox"/> Predominantly Acute Event <input type="checkbox"/> Predominantly Enduring Circumstances		AXIS V Global Assessment of Functioning a. Current GAF score 20 b. Past year GAF score 60			
4. Summary and Treatment Recommendations:		Based on the data above, provide a clinical summary including prognosis and rationale. Note initial treatment goals and recommendations.			
Include Problems and Strengths					
Recommendations: hospitalization to ensure pt's safety for neuroleptic medication					
Problems: thought disorder / psychosis drug use truancy					
Strengths: normal intelligence by test					
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Physician's Signature Dr. Berly MD		Title Psych I		Date 7/14/99	

EXHIBIT F

F

St. Barnabas Hospital
Bronx, NY 10457

10 09 05

CARLOS TORRE 340°C
100231013 96108 00013
04/17/98
Discharge Summary TORRE IPS F 17Y (addressograph)
20022602

Date of Discharge: 5.29.98

Reason for Admission: pt was agitated & irrational
not sleeping responding to interview at all

Physical Findings: (significant positive/negative data)
no active medical problems

Pertinent Lab and X-Ray Findings: chest X-ray & WBC
Valproic acid level on 5.21.98 = 96 mg/L

Course and Treatment in the Hospital: pt became extremely agitated
violent & combative and had to be restrained
several times responded to gradual restraint
to bring up to 20 mg daily Ativan up to
8 mg daily and Valproic Acid up
to 800 mg daily
the resident individual supportive
reality oriented therapy group and activity
therapy and showed adequate improvement

Provisional Diagnoses: (see attestation statement for final diagnoses):
DP I Bipolar disorder manic & psychotic
features

II none III none

T.H.C abuse

Signature: [Signature]

Print Name: G. Tarfite M.D.

Date: 5.29.98

copy to: _____

ST. BARNABAS HOSPITAL
 Third Ave. & 183rd St., Bronx, NY 10457-2594 (718) 960-9000
 Department of Psychiatry
 MultiDisciplinary Discharge Plan
 Discharge Summary B

ADDRESSOGRAPH

1. DISCHARGE:

Date: 5/1/96

Time: _____

Accompanied by: _____

Mode of Transportation: _____

After discharge, the patient will be living at: _____

Phone number(s) for follow-up contact: Day: _____

2. FOLLOW-UP APPOINTMENTS

Fordham Tremont Mental Health Center

☐ CCU ☐ CTP ☐ INTAKE2250 Rye Ave.
Bronx, NY 10457
Tel: (718) 960-0651

Person to see: _____

Date: _____ Time: _____

St. Barnabas Hospital:

☐ Outpatient Alcohol/Drug Services
4422 3rd Ave. (Mills Bldg. 3rd Fl)
Bronx, NY 10457

Tel: _____

Person to see: _____

Date: _____ Time: _____

☐ Psychosocial ☐ DTU1910 Arthur Ave.
Bronx, NY 10457
Tel: (718) 960-0400

Person to see: _____

Date: _____ Time: _____

☒ Medical Center183rd & 3rd Ave.
Bronx, NY 10457
Tel: (718) 960-5430

Person to see: _____

Date: _____ Time: _____

6.19.96 2:30 PM

☐ Bronx Community CollegeUniversity Ave. and West 181st St.
Bronx, NY 10453
Tel: (718) 220-6163

*Patient to make own appointment

☐ Primary Care Clinic470 East Fordham Rd.
Bronx, NY 10458
Tel: (718) 960-3800

Person to see: _____

Date: _____ Time: _____

☒ Other FTMHC - CAPSAddress: Box NY 10453Telephone: 718-960-0341Person to see: Dr. AlvaradoDate: 5/1/96 Time: 10 AM☐ Other

Agency: _____

Address: _____

Telephone: _____

Person to see: _____

Date: _____ Time: _____

3. DIET INSTRUCTIONS:

4. OTHER INSTRUCTIONS:

5. MEDICATION TO BE TAKEN AT HOME:

Medicine	Dose	Frequency	Route	Reason
<u>Ativan</u>	<u>2 mg</u>	<u>AM & PM</u>	<u>PO</u>	
<u>Nuane</u>	<u>10 mg</u>	<u>PM</u>	<u>PO</u>	
<u>Valproic Acid</u>	<u>500 mg</u>	<u>PM</u>	<u>PO</u>	

Allergies: _____

Enough medicine is being prescribed to last until 2 weeks
 You will need to go to your appointments to get more, before you run out. If you allow yourself to run out of medications, you may get sick.

☒ I understand and accept these recommendations. I have been given, and understand, reasons for these recommendations, and the possible side effects of the medications.

☒ I understand that my medications may affect my ability to drive.

☒ I understand the manner HIV is transmitted and the precautions helpful in preventing the spread of AIDS.

☒ I understand the danger of taking illegal drugs or alcohol.

Date: 5.29.96

James Carlos
 Patient's Signature

J. Carlos
 R.N. Signature

Sam M. M. M.
 M.D. Signature

James Carlos
 C.M. Signature

EXHIBIT G

G

WESTCHESTER COUNTY MEDICAL CENTER
DIVISION OF PSYCHIATRY

Aftercare Plan Inpatient

CARLOS TIONBE 43823

F
01/10/97 A-2 PSY FC Z**PARTICIPANTS IN PLAN**

Extent of Participation	present at conference	discussed in person	discussed by telephone	notified by letter
Patient	✓	✓		
Family <i>Angela Carlos</i>	✓	✓		
Psychiatric Aftercare Agency <i>Hunts Point Mental Health</i>			✓	✓
Other				
Other				

LIVING ARRANGEMENTS

Address at Discharge

Telephone

Responsible person

2100 Tuckert Ave, #205
 Bronx, NY 10457, 718-561-4837
 Angela Carlos

DISCHARGE DATE: 1/31/97

☒ Tentative
☐ Final
FAMILY/SUPPORT SYSTEM

Name(s)

Address

Angela Carlos - Mother

DEPT. OF SOCIAL SERV.

Name

District Office

Bronx NY

PSYCHIATRIC AFTERCARE

Primary Contact Person

Address

Appointment

Hunts Point - Multi-Service Program Center
 Mental Health Unit, 630 Jackson Av,
 Bronx, New York 10455
 718-993-3006, FAX: 718-585-8595

Comments:

Appt: Thursday, February 6, 1997 at 10A

with Ms Francis Leon

Depakote 500mg PO qpm and 250mg PO qam

Haldol 5mg PO (BID) 9A & 9P

Haldol decanoate 50mg (1 ml) given 1/29/97

Cogentin 1mg PO (BID) 9A & 9P

MEDICATIONS

Drugs

Dosage/frequency

VOCATIONAL/EDUCATIONAL

4th grade

FINANCIAL

Medicaid

This aftercare plan has been explained to me,

Angela Carlos
 Signature

1-30-97
 Date

Beatrice L. Miller
 Psychiatric Social Worker/Primary Therapist

W.C.M.C. Aftercare Office
 Aftercare Agency
 D.S.S. (check if applicable)

Carlos 294



EXHIBIT H

H

Page 1 of 1

CORRECTIONAL CARE

YORK COUNTY PRISON - INTAKE MEDICAL SCREENING

Housing: FEM-HC12

Are you ill? N Are you injured? N

Did the inmate indicate having suicidal ideations to the transporting officers? N

Name: CARLOS, TIOMBE (I) AKA:

Address: NFA Phone: (I) -

Sex: F DOB: 11/21/1978 ID#: 172760 Admission Date/Time: 4/14/2011 1:44:18 PM

VISUAL OBSERVATION

1. Is the inmate unconscious or showing visible signs of illness, injury, bleeding, pain, or other symptoms suggesting the need for emergency medical referral? N

If Yes:

2. Are there obvious signs of fever, jaundice, skin lesions, rash, or infection? Headsores? Body sores? Trauma marks, bruises? N

If Yes:

3. Does the inmate's behavior/appearance suggest the risk of suicide or assault? N

If Yes:

4. Does the inmate exhibit any signs of abnormal behavior? (e.g. tremors, sweating) N

If Yes:

5. Does the inmate appear to be under the influence of, or withdrawing from drugs or alcohol? N

If Yes:

6. Is the inmate's mobility restricted in any way due to deformity, cast, injury, etc? N

If Yes:

7. Does the inmate have a persistent cough or appear to be lethargic? N

If Yes:

INMATE QUESTIONNAIRE

8. Are you taking medication for: Asthma N Diabetes N Heart Condition N High Blood Pressure N Mental Health Problems Y Ulcers N Arthritis N

If Other:

9. Have you been seen by a physician or at a clinic for physical, dental, or mental health condition in the last six (6) months? Y

If Yes, SEE ABOVE

10. Are you allergic to any medication, foods, plants, etc? Y

If Yes: PENICILLIN, THORAZINE, LITHIUM

11. Have you fainted or had a head injury within the last 72 hours? N

If Yes:

12. Do you have or have you been exposed to AIDS, hepatitis, TB, VD, or other communicable disease? Have you experienced lethargy, weakness, weight loss, loss of appetite, fever, night sweats, or coughing up blood? N

If Yes:

13. Have you been hospitalized by a physician or psychiatrist within the last year? N

If Yes:

14. Have you ever considered or attempted suicide? N

If Yes:

15. Do you have a painful dental condition? N

If Yes:

16. Are you on a specific diet prescribed by a physician? N

If Yes:

17. Do you use or use and/or alcohol? N What kind?

If Yes:

18. Females: Last menstrual period: Are you Pregnant? N On birth control pills? N Recently delivered? N Recently aborted? N

Physician
If other placement
Referral
If other referral
When:

I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for professional services to be provided to me by and through, EMSA Correctional Care. The receiving officer showed me the written instructions and has orally explained to me how to access health care while in York County Prison.

Carlos Tiombe
Inmate's Signature (not printed)

Admission Officer's Signature (SM111)

on 11/11/2010

http://ycprison2/inmates/rep_medicalintake_text.asp?prs_pouch1=172760&prs_pouch2=1 4/14/2011

EXHIBIT I

CorEMR - Carlos, Tiombe (i) :: Sick Calls | v5.0.0

Page 4 of 5

(Revised 4/17/15)	04/20/2011 15:20	Assessment: Medication issue
Mental Status Exam	Completed on 04/20/2011 15:16	Plan: Discontinue psychiatric observation. Transfer to Fem B-6B
		Education: blank

Entered by: Patrick Gallagher LPC at staff request

☐ Add AddendumRecategorize to **Mental Health** ▼

04-19-2011 09:09 with Patrick Gallagher LPC
(Task Priority: 1) [Last Updated: 04-19-2011
09:19]

Related Problems

- PSYCHOLOGICAL /
MENTAL HEALTH,

Forms Completed

Form	Status	Actions
Mental Status Exam	Completed on 04/19/2011 09:15	

Subjective: pat- flu - agitated and uncooperative, refusing her haldol dec shots, wants off po and out of bau. Pt interviewed by me at Fem BAU 5 cell door. Pt denied She was uncooperative. Pt also stated shot was not due for a week. I told her I would consult with medical and security in regard to this situation and notify her this pm of her status.

Locked: Yes
Interpreter
used: No

Objective: Pt agitated, affect congruent to mood. Pt thought process egocentric, I want what I want. No overt psychosis. Pt denied SI and HI. Pt oriented to person place and situation. Pt insight and judgement is limited. Pt is future oriented.

Assessment: Schizophrenia

Plan: Review situation with security, classification and medical. Advise Pt of status.

Education: blank

Entered by: Patrick Gallagher LPC at staff request

☐ Add AddendumRecategorize to **Mental Health** ▼

04-14-2011 14:39 with Patrick Gallagher LPC
(Task Priority: 1) [Last Updated: 04-14-2011
14:49]

Related Problems

- PSYCHOLOGICAL /
MENTAL HEALTH,

Forms Completed

Form	Status	Actions
Relocation Pass (Revised 4/17/15)	Completed on 04/14/2011 14:49	
Mental Status Exam	Completed on 04/14/2011 14:42	

Subjective: Security concerned about adjustment, requested MH evaluate for status. Pt had problems on ICE transport bus. Pt Has MH history. She states she gets Haldol Dec IM every two weeks. Pt cooperative. Unable to complete MH assessment.

Locked: Yes
Interpreter
used: No

Objective: Pt mood anxious, affect congruent to mood. Pt thought process intact, no overt psychosis. Pt denied SI and HI. Pt oriented person, place and situation. Pt denied SI and

CorEMR - Carlos, Tiombe (i) :: Sick Calls | v5.0.0

Page 5 of 5

HL,Pt insight and judgement limited.Pt is future oriented
Assessment: R/O Schizophrenia , Paranoid Type
Plan: Place on psychiatric observation.Permitted all items allowed in segregation.Place in Fem BAU 5
Education: blank

Entered by: Patrick Gallagher LPC at staff request

☐ Add Addendum

Recategorize to Mental Health ▾

Search Clear

Viewing 51-59 of 59 History Items « Prev 1 2 3 4 5 6 Next »

Show 10 ▾

EXHIBIT J

3. Receiving Screening / Health Assessment (Updated February 2010)

Tiombe (i) Carlos
#172760-1

JMS ID: 172760 Location: [OUT]
SSN: - Ethnicity:
DOB: - Interviewer:
Age: 36 Long, Marquita (04/16/2011 19:46)
Agency: INS

Previous Commitment? If so, where?		<input checked="" type="radio"/> Yes <input type="radio"/> No	Bristol county
Medical Attention			
1.	Do you require IMMEDIATE medical attention for any of the following?	<input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Injuries <input type="checkbox"/> Illness <input checked="" type="checkbox"/> None	
2.	Is the inmate: Alert and Oriented to Time, Place and Person?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
3.	Inmate's Appearance:	<input type="checkbox"/> Sweating <input type="checkbox"/> Tremors <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Disheveled <input type="checkbox"/> Disorderly <input type="checkbox"/> Inappropriate <input type="checkbox"/> Altered Level of Consciousness <input type="checkbox"/> Other	
Emergency Contact Information			
Emergency Contact Name		Hueth Carlos	
Emergency Contact Address		or Anjela	
Emergency Contact Relationship		mother and father	
Emergency Contact Phone Number		267-797-5234	
Health Insurance Information			
Name of Health Insurance Company		n/a	
Insurance Policy Number		n/a	
Insurance Group Number		n/a	
Primary Care Physician		n/a	
Physician Specialty		n/a	
Physician Address		n/a	
Physician Phone Number		n/a	
Last Date Visited Physician		don't remember	
Drug Use			
2a.	Do you drink Alcohol?	<input checked="" type="radio"/> No <input type="radio"/> Casually (less than once a month) <input type="radio"/> Moderately (about once a week) <input type="radio"/> Heavily (three or more times per week)	

		Alcoholic (seven days a week)	
2b.	When was the last time you drank Alcohol?	<input checked="" type="radio"/> Never <input type="radio"/> More than a month ago <input type="radio"/> More than a week ago <input type="radio"/> Before Yesterday <input type="radio"/> Yesterday <input type="radio"/> Today	
	What kind of alcohol?	n/a	
	How much do you drink?	n/a	
2c.	Do you use Heroin / Methadone?	<input checked="" type="radio"/> No <input type="radio"/> Casually (less than once a month) <input type="radio"/> Moderately (about once a week) <input type="radio"/> Heavily (three or more times per week) <input type="radio"/> Addict (seven days a week)	
2d.	When was the last time you used Heroin / Methadone?	<input checked="" type="radio"/> Never <input type="radio"/> More than a month ago <input type="radio"/> More than a week ago <input type="radio"/> Before Yesterday <input type="radio"/> Yesterday <input type="radio"/> Today	
	Quantity used?	n/a	
2e.	Do you use Benzo (depressants)? - Klonopine, Ativan, Xanax, etc.	<input checked="" type="radio"/> No <input type="radio"/> Casually (less than once a month) <input type="radio"/> Moderately (about once a week) <input type="radio"/> Heavily (three or more times per week) <input type="radio"/> Addict (seven days a week)	
2f.	When was the last time you used Benzo? - Klonopine, Ativan, Xanax, etc.	<input checked="" type="radio"/> Never <input type="radio"/> More than a month ago <input type="radio"/> More than a week ago <input type="radio"/> Before Yesterday <input type="radio"/> Yesterday <input type="radio"/> Today	
2g.	Do you use any Opiates / Narcotics? - Morphine, Percocet, Vicodine, Oxy Contin, etc.	<input checked="" type="radio"/> No <input type="radio"/> Casually (less than once a month) <input type="radio"/> Moderately (about once a week) <input type="radio"/> Heavily (three or more times per week) <input type="radio"/> Addict (seven days a week)	
2h.	When was the last time you used Opiates / Narcotics? - Morphine, Percocet, Vicodine, Oxy Contin, etc.	<input checked="" type="radio"/> Never <input type="radio"/> More than a month ago <input type="radio"/> More than a week ago <input type="radio"/> Before Yesterday <input type="radio"/> Yesterday <input type="radio"/> Today	
2i.	Do you use or consume any other legal or illegal substances unprescribed by a licensed provider? - Cocaine, LSD, Methamphetamines, Bath Salts, Synthetic Marijuana, etc.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Special Considerations			
3.	Is the inmates mobility restricted in any way or does the inmate have any obvious deformities or handicaps? If yes, specify.	<input type="radio"/> Yes <input checked="" type="radio"/> No	

		No	
4a.	Current Medications: Please list Medication, Dose, Frequency, Last Taken	Halidoldecanoate 100mg every 2 weeks due 4-18-11 route IM	
4b.	When was the last time medications were taken?	4-4-11	
4c.	Is medication on person?	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
4d.	Doctor Name and Number	Bristol County Jail	
4e.	Pharmacy Name and Number (If Known)	Bristol County Jail	
5.	Are you on a special diet prescribed by a physician?	<input checked="" type="radio"/> No <input type="radio"/> Low fat/ Low Salt/ Low cholesterol High Fiber <input type="radio"/> 1800 Calorie Diabetic (Insulin Depent; 3 meals plus 1 night snack plan) <input type="radio"/> 2500 Calorie Diabetic (Insulin Dependent; 3 meals plus 1 night snack plan) <input type="radio"/> Pregnancy/Added Nourishment <input type="radio"/> Dental Mechanical <input type="radio"/> Food Intolerance to Onions, tomatoes, etc. (please specify) <input type="radio"/> Other	
6.	What Grade Level did you last complete?	11th	
7.	Did you require Special Assistance in school? If so, what type?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8.	Do you have any of the following:	<input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Ulcers <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Condition <input type="checkbox"/> Other Physical Condition <input type="checkbox"/> None <input type="checkbox"/> HIV <input type="checkbox"/> Thyroid Problems <input type="checkbox"/> Renal Failure <input type="checkbox"/> TB <input checked="" type="checkbox"/> Hepatitis (Type) <input type="checkbox"/> Juvenile (Age) <input type="checkbox"/> None	
	If Yes to Asthma,, what is peak flow reading?	n/a	
9a.	Do you have Dentures?	<input checked="" type="checkbox"/> None <input type="checkbox"/> Upper <input type="checkbox"/> Lower	
9b.	Gum Condition:	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good	
9c.	Upper Teeth:	<input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good	
9d.	Lower Teeth:	<input type="checkbox"/> Poor	

		<input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good	
9e.	Last visit to Dentist:		don't remember
9f.	Dental treatment	<input type="radio"/> Emergent <input type="radio"/> Non-Emergent <input checked="" type="radio"/> None Required	
10a.	Do you wear glasses or contact lens?	<input checked="" type="radio"/> No <input type="radio"/> Glasses <input type="radio"/> Contacts <input type="radio"/> Both	
10b.	If yes, for how many years?	n/a	
10c.	If yes, are they with inmate/detainee?	<input type="radio"/> Yes <input type="radio"/> No, but can be delivered <input checked="" type="radio"/> No, and cannot be delivered	
11.	Do you have any allergies?	<input checked="" type="checkbox"/> Penicillin or other antibiotic <input type="checkbox"/> Iodine <input type="checkbox"/> Sulfa drugs <input type="checkbox"/> Anticonvulsants <input type="checkbox"/> Animal Insulin preparations <input type="checkbox"/> Novocain or other local anesthetics <input type="checkbox"/> Other (please specify) <input type="checkbox"/> None	Lithium and Thorazine
12.	How many packs per day do you smoke? (put zero for non-smoker)	non smoker	
13.	Do you have any skin problems or open sores?	<input type="checkbox"/> Scars <input type="checkbox"/> MRSA <input type="checkbox"/> Body vermin <input type="checkbox"/> Problematic tattoos <input type="checkbox"/> Other (please specify) <input checked="" type="checkbox"/> None	
14.	Do you have any of the following hereditary conditions in your family?	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer <input checked="" type="checkbox"/> Diabetes <input checked="" type="checkbox"/> High Blood Pressure <input type="checkbox"/> None	mother
Psychiatric Problems			
1.	Does inmate behavior, history or physical appearance suggest the risk of suicide, assault, or psychiatric condition?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2.	Have you ever tried to commit suicide in the past? Where? When?	<input checked="" type="radio"/> No <input type="radio"/> More than a year ago <input type="radio"/> More than a month ago <input type="radio"/> Within the last month	
3.	Presently do you feel suicidal?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
4.	Have you ever been hospitalized and/or treated by a psychiatrist or mental health counselor? If yes, when? and where?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
5.	Have you ever been a victim from a criminal act? If yes What?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

6.	Have you ever had a head injury? If yes, when?	<input type="radio"/> Never <input checked="" type="radio"/> More than a month ago <input type="radio"/> More than a week ago <input type="radio"/> Before Yesterday <input type="radio"/> Yesterday <input type="radio"/> Today	teenage years
7.	Have you ever been charged with a sexual and/or violent crime? If yes what?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
8.	How do you feel you will deal with being incarcerated?	<input type="radio"/> Bad <input checked="" type="radio"/> Fair <input type="radio"/> Good	
9.	Do you feel that you will need to see the Psychologist and/or Psychiatrist?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychiatrist	
10.	Is the patients' mood and affect appropriate?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
11.	Is the patients' appearance appropriate?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
12.	Is the patients' perception and thought process appropriate?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

INFECTIOUS DISEASE QUESTIONS:

1a.	Have you ever contracted or been exposed to anyone that suffers from any of the following STDs? If so, please specify the month and year.	<input type="checkbox"/> Syphilis <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> HIV <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Other STD (please specify) <input checked="" type="checkbox"/> None	
1b.	Have you recently experienced any of the following?	<input type="checkbox"/> Fever <input type="checkbox"/> Night sweats <input type="checkbox"/> Chills <input type="checkbox"/> Chest Pains <input type="checkbox"/> Weight Loss <input type="checkbox"/> Loss of appetite <input checked="" type="checkbox"/> None <input type="checkbox"/> Genital Sores <input type="checkbox"/> Discharge	
2.	Have you ever had TB? If yes, did you receive treatment?	<input checked="" type="radio"/> No <input type="radio"/> Yes, and received treatment <input type="radio"/> Yes, but received no treatment	
3.	Have you ever been tested for HIV (AIDS)? If yes, results? When and where?	<input type="radio"/> Never tested <input type="radio"/> Tested positive <input checked="" type="radio"/> Tested negative	2009
4.	Do you want HIV testing? (There is no charge for testing)	<input checked="" type="radio"/> Yes <input type="radio"/> No	

CorEMR - Tiombe (i) Carlos :: 3. Receiving Screening / Health Assessment (Updated Fe... Page 6 of 8

		No	
5.	Have you ever received a blood transfusion? When? Where?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
6.	Have you ever used IV drugs? Did you share needles?	<input type="radio"/> Yes, and I did share needles <input type="radio"/> Yes, and I DID NOT share needles <input checked="" type="radio"/> No	
7.	Have you ever engaged in sexual activity with a person of the same sex?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
8.	Have you ever been sexually active? Was it consensual?	<input type="radio"/> No <input checked="" type="radio"/> Yes, NOT consensual <input type="radio"/> Yes, consensual	
9.	Do you have any open wounds, spider bites, boils, or reddened areas? If so, where?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
10.	Do you have any history of MRSA, VRE and/or other resistant bacterial infections? If Yes, where/what?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

*** If Inmate answers YES to question 9 or 10 - On-Call NP/PA or MD/DO must be called **

Immunizations

Immunizations	<input type="checkbox"/> Tetanus <input type="checkbox"/> Pneumovax <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Flu Vac <input type="checkbox"/> Rubella	unknown
---------------	--	---------

Review of System

1a.	Indicate Problem in the notes section:	<input checked="" type="checkbox"/> Headache <input type="checkbox"/> Seizures <input type="checkbox"/> Blackouts <input type="checkbox"/> DTs <input type="checkbox"/> Skin <input type="checkbox"/> High Cholesterol/Triglycerides <input type="checkbox"/> Ears/Hearing <input type="checkbox"/> Vertigo <input type="checkbox"/> Vision <input type="checkbox"/> Speech <input type="checkbox"/> Dental <input type="checkbox"/> Chewing Problem <input type="checkbox"/> Swallowing <input type="checkbox"/> Joint Problems <input type="checkbox"/> Muscle <input type="checkbox"/> Ulcers <input type="checkbox"/> Gall Bladder <input type="checkbox"/> Hepatitis and Type <input type="checkbox"/> Hemorrhoids <input type="checkbox"/> Thyroid <input type="checkbox"/> Diabetes <input type="checkbox"/> Allergies <input type="checkbox"/> Hay Fever <input type="checkbox"/>	get migraines
-----	--	--	---------------

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		<input type="checkbox"/> Asthma <input type="checkbox"/> Hyperventilation <input type="checkbox"/> Pneumonia <input type="checkbox"/> Heart Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Edema and Swelling <input type="checkbox"/> Anemia <input type="checkbox"/> Bleeding	
1b.	Indicate Problem in the notes section:	<input type="checkbox"/> Bruising <input type="checkbox"/> Arthritis <input type="checkbox"/> Gout <input checked="" type="checkbox"/> Back Pain <input type="checkbox"/> Kidney/Bladder <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Chlamydia <input type="checkbox"/> Syphilis <input type="checkbox"/> Herpes <input type="checkbox"/> Crabs/Lice <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hernia	lower
2.	Male Only:	<input type="checkbox"/> Prostate	
3.	Female Only	<input type="checkbox"/> Breast <input type="checkbox"/> Vaginal Discharge <input checked="" type="checkbox"/> Menarche Age <input checked="" type="checkbox"/> LMP/Duration <input type="checkbox"/> Cycle/Flow <input checked="" type="checkbox"/> Pregnancies <input type="checkbox"/> Miscarriages/Abortions <input type="checkbox"/> Pregnancy Complications <input type="checkbox"/> Mammogram Date <input checked="" type="checkbox"/> Contraceptive Use/Type <input type="checkbox"/> UTI/Pelvic Infections <input type="checkbox"/> Currently Pregnant? <input checked="" type="checkbox"/> Pregnancy Test?	12yrs old 4-15-11 normal 1 live birth
	Female Only - Last Pap		01-01-2010
	Are referrals needed for care? (Doctor, Dentist, Mental Health)	<input checked="" type="radio"/> Yes <input type="radio"/> No	mental health
	Disposition	<input type="checkbox"/> Single Cell <input type="checkbox"/> Isolation <input type="checkbox"/> PC <input type="checkbox"/> General Pop <input type="checkbox"/> Suicide <input type="checkbox"/> Detox <input type="checkbox"/> Other	1/m is currently on SP per security
General			
1.	Was Inmate given a full explanation of medical services available at facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No	

https://york.pcmemr.com/Modules/Forms/form_record.php?form_record_id=385135

10/29/2015

2.	Was Inmate given a printed description of medical services available at facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
3.	Was Inmate given a full explanation of the facility grievance mechanism?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
4.	Was the Inmate given MRSA Prevention Guidance?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
5.	Was smoking education sheet given?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
6.	Was the release of information sheet signed?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
7.	Was the consent to treat sheet signed?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
8.	Was personal hygiene/dental hygiene form given?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Interviewer, Date, and Time:		marquita l, cma	04-16-2011

EXHIBIT K

K

because she was mad at pat. hx of schizophrenia takes haldol dec im q 2 weeks. los- unknown - waiting ins court. denies substance abuse. denies s/nl, no ah/vh or psychosis. mood stable. thoughts intact. refer to psychiatrist. ✖

→ Type: Mental Health Note
Access: Medical Staff

Date: 04/18/2011
15:35

Author: Hare, LPN,
Danica

Related Problems

seen patient at cell due to combative behavior per security. per dihs paperwork patient is bipolar and schizophrenic - takes haldol dec every 2 weeks. patient denied this, stated she does not take or want any shots. patient yelled that we are lying to her and lied that she would get moved. stated all she wants is out of bau, informed her i can not move her - stated then she does not want to talk to me and walked away from the door. ✖

PSYCHOLOGICAL / MEDICATION -
ASSESSMENT



☐ Highlight Note?

Type: Medical Note
Access: Medical Staff

Date: 04/15/2011
21:30

Author: CMA Shields MA,
Kathleen E

Related Problems

unable to screen due to im being combative and per security



☐ Highlight Note?

Type: Medical Note
Access: Medical Staff

Date: 04/14/2011
19:33

Author: CMA Shields MA,
Kathleen E

Related Problems

was unable to screen i/m not cooperative



☐ Highlight Note?

EXHIBIT L

CorEMR - Tiombe (i) Carlos :: Mental Status Exam | v5.0.0

Page 1 of 6

**Mental
Status Exam****Tiombe (i) Carlos
#172760-1**JMS ID: 172760
SSN: [REDACTED]
DOB: [REDACTED]
Age: 36
Agency: INSLocation: [OUT]
Ethnicity:
Interviewer: Gallagher LPC, Patrick (04/20/2011 16:16)

Date / Time	04-20-2011 03:15 pm	
Mental Status Exam		
Appearance	<input type="checkbox"/> Age Appropriate <input type="checkbox"/> Well-groomed <input type="checkbox"/> Disheveled, Unkempt <input type="checkbox"/> Bizarre <input checked="" type="checkbox"/> Other	WNL
Orientation	<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Situation	
Behavior: Eye Contact	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Avoidant <input type="checkbox"/> None	
Behavior: Motor Activity	<input checked="" type="checkbox"/> Relaxed and Calm <input type="checkbox"/> Restless <input type="checkbox"/> Rigid <input type="checkbox"/> Agitated <input type="checkbox"/> Slumped posture <input type="checkbox"/> Tense <input type="checkbox"/> Tics <input type="checkbox"/> Tremors	
Manner:	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Trusting <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Inappropriate <input type="checkbox"/> Withdrawn <input type="checkbox"/> Agitated <input type="checkbox"/> Hostile <input type="checkbox"/> Guarded <input type="checkbox"/> Defensive <input type="checkbox"/> Restless <input type="checkbox"/> Manic <input type="checkbox"/> Minimizes symptoms <input type="checkbox"/> Exaggerates symptoms	
Speech: (rate, volume, etc.)	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Incoherent <input type="checkbox"/> Pressured	

https://york.pcmemr.com/Modules/Forms/form_record.php?form_record_id=386937

10/29/2015

	<input type="checkbox"/> Too detailed <input type="checkbox"/> Slurred <input type="checkbox"/> Slowed <input type="checkbox"/> Halting	
Mood:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Euphoric <input type="checkbox"/> Fatigued <input type="checkbox"/> Angry	
Affect	<input checked="" type="checkbox"/> Broad <input type="checkbox"/> Tearful <input type="checkbox"/> Blunted <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Labile	
Sleep:	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Appetite	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Increased <input type="checkbox"/> Decreased	
Thought Process	<input checked="" type="checkbox"/> Logical, Organized <input type="checkbox"/> Illogical <input type="checkbox"/> Flight of Ideas <input type="checkbox"/> Circumstantial <input type="checkbox"/> Loose associations <input type="checkbox"/> Rambling <input type="checkbox"/> Obsessive <input type="checkbox"/> Blocking <input type="checkbox"/> Tangential	
Thought Content:	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Impaired <input type="checkbox"/> Paranoid <input type="checkbox"/> Obsessive <input type="checkbox"/> Fearful/Phobic <input type="checkbox"/> Delusional <input type="checkbox"/> Other, Describe:	
Perception/Hallucinations:	<input checked="" type="checkbox"/> None Evident <input type="checkbox"/> Auditory <input type="checkbox"/> Command <input type="checkbox"/> Olfactory	

	<input type="checkbox"/> Gustatory <input type="checkbox"/> Tactile <input type="checkbox"/> Visual	
Delusions:	<input checked="" type="checkbox"/> None Evident <input type="checkbox"/> Thoughts being controlled <input type="checkbox"/> Actions being controlled <input type="checkbox"/> Persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Infidelity <input type="checkbox"/> Somatic <input type="checkbox"/> Paranoid	
Suicide Risk	<input checked="" type="checkbox"/> None <input type="checkbox"/> Slight <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input type="checkbox"/> Extreme <input type="checkbox"/> No plan <input type="checkbox"/> Plan, describe:	
Suicide Risk (Plan):	<input checked="" type="radio"/> No Plan <input type="radio"/> Plan, describe:	
Violence Risk:	<input checked="" type="radio"/> None <input type="radio"/> Slight <input type="radio"/> Moderate <input type="radio"/> Significant <input type="radio"/> Extreme	
Violence Risk (Plan):	<input checked="" type="radio"/> No Plan <input type="radio"/> Plan, describe:	
Judgment:	<input checked="" type="radio"/> Intact <input type="radio"/> Impaired <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Impulsive <input type="radio"/> Immature <input type="radio"/> Age-appropriate	Limited
Insight regardless awareness of presence of the disorder:	<input type="radio"/> Intact <input checked="" type="radio"/> Limited <input type="radio"/> Very limited <input type="radio"/> Fair <input type="radio"/> None	
Sensorium (Level of Consciousness):	<input checked="" type="radio"/> Alert <input type="radio"/> Drowsy <input type="radio"/> Stupor <input type="radio"/> Distracted <input type="radio"/> Delayed Response	
Memory:	<input checked="" type="checkbox"/> Intact <input type="checkbox"/>	

	<input type="checkbox"/> Immediate Recall <input type="checkbox"/> Impaired <input type="checkbox"/> Remote	
Intelligence	<input checked="" type="radio"/> Average <input type="radio"/> Above Average <input type="radio"/> Below Average <input type="radio"/> Unable to Establish	

Symptom Checklist:

Instruction: Check Cluster, and all symptoms in cluster that apply. Add those not appearing under "Other."

I. Depression:	<input type="checkbox"/> Depressed Affect <input type="checkbox"/> Withdrawal / Social Isolation <input type="checkbox"/> Relationship Impairment <input type="checkbox"/> Difficulty Functioning at a job <input type="checkbox"/> Impaired Sleep <input type="checkbox"/> Psychomotor Agitation <input type="checkbox"/> Psychomotor Retardation <input type="checkbox"/> Impaired Appetite <input type="checkbox"/> Weight Gain / Loss <input type="checkbox"/> Poor Self Esteem <input type="checkbox"/> Emotional Agitation <input type="checkbox"/> Crying / Tearfulness <input type="checkbox"/> Flat Affect <input type="checkbox"/> Helplessness <input type="checkbox"/> Hopelessness <input type="checkbox"/> Guilt / Self Blame <input type="checkbox"/> Anger <input type="checkbox"/> Suicidal Ideation / Homocidal Ideation <input type="checkbox"/> Impaired Concentration <input type="checkbox"/> Memory Impairment <input type="checkbox"/> Mental Confusion <input type="checkbox"/> Psychotic Symptoms (specify): <input type="checkbox"/> Other (specify):	
II. Anxiety:	<input type="checkbox"/> Anxiety <input type="checkbox"/> Psychomotor Agitation <input type="checkbox"/> Impaired Sleep <input type="checkbox"/> Panic Attacks <input type="checkbox"/> Physical Symptoms of Anxiety (sweating, rapid heart rate, dizziness, hyperventilation, etc.) <input type="checkbox"/> Avoidance Behavior <input type="checkbox"/> Compulsive Behavior <input type="checkbox"/> Obsessive Thoughts <input type="checkbox"/> Other (specify):	
III. Mood:	<input type="checkbox"/> Euphoric <input type="checkbox"/> Impulsive <input type="checkbox"/> Homocidal Ideation <input type="checkbox"/> Grandiose <input type="checkbox"/> Psychomotor Agitation	

	<input type="checkbox"/> Manic <input type="checkbox"/> Depressed <input type="checkbox"/> Delusional <input type="checkbox"/> Other (specify):	
IV. Thought:	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Psychomotor Agitation <input type="checkbox"/> Psychomotor Retardation <input type="checkbox"/> Suicidal Ideation/Homicidal Ideation <input type="checkbox"/> Inappropriate / Bizarre Behavior <input type="checkbox"/> Delusions <input type="checkbox"/> Inappropriate Conversation <input type="checkbox"/> Impaired Relationships <input type="checkbox"/> Flat Affect <input type="checkbox"/> Withdrawn / Socially isolated <input type="checkbox"/> Difficulty Functioning at a job <input type="checkbox"/> Other (specify):	
V. Personality:	<input type="checkbox"/> Attention seeking behavior <input type="checkbox"/> Detachment from social relationships <input type="checkbox"/> Discomfort in social relationships <input type="checkbox"/> Restricted range of affect <input type="checkbox"/> Excessive need to be taken care of <input type="checkbox"/> Cognitive distortions <input type="checkbox"/> Excessive emotionality <input type="checkbox"/> Grandiosity <input type="checkbox"/> Hypersensitivity to the evaluation <input type="checkbox"/> Impulsivity <input type="checkbox"/> Instability in interpersonal relationships <input type="checkbox"/> Lack of empathy <input type="checkbox"/> Need for admiration <input type="checkbox"/> Conduct problems <input type="checkbox"/> Perceptual distortions <input type="checkbox"/> Preoccupation with control <input type="checkbox"/> Preoccupation with orderliness <input type="checkbox"/> Unstable affect <input type="checkbox"/> Social inhibitions <input type="checkbox"/> Submissive and clinging behavior <input type="checkbox"/> Suspiciousness <input type="checkbox"/> Unstable self-image <input type="checkbox"/> Criminal behavior <input type="checkbox"/> Preoccupation with perfectionism <input type="checkbox"/> Disregard for the rights of others <input type="checkbox"/> Violation of the rights of others <input type="checkbox"/> Other (specify):	
Additional Symptoms: If the client's problems/symptoms that do not appear to be adequately covered in the above lists, please specify them:		
Summary of Impressions: Provide a clinical opinion of the individual by pulling together the collected historical information in order to		

Identify possible relationships, conditions, and causes leading to the current situation:	
Diagnostic Impressions	
Axis I:	<input type="checkbox"/> Mood Disorder, Not Otherwise Specified - 296.6 <input type="checkbox"/> Depressive History, Not Otherwise Specified - 311.0 <input type="checkbox"/> Anxiety Disorder, Not Otherwise Specified - 300.0 <input type="checkbox"/> Psychotic Disorder, Not Otherwise Specified - 298.90 <input type="checkbox"/> Schizophrenia, Paranoid Type - 295.30 <input type="checkbox"/> Schizophrenia, Undifferentiated Type - 295.90 <input type="checkbox"/> Major Depression - 296.3 <input type="checkbox"/> Major Depression with Psychosis - 296.34 <input type="checkbox"/> Adjustment Disorder - 309.9 <input type="checkbox"/> Post-traumatic Stress Disorder - 309.81 <input type="checkbox"/> Attention Deficit / Hyperactivity Disorder - 314.9 <input type="checkbox"/> Shizoaffective Disorder - 295.70 <input type="checkbox"/> Bipolar Disorder, Not Otherwise Specified - 296.80 <input type="checkbox"/> Polysubstance Dependence - 304.80
Axis II:	<input type="checkbox"/> Borderline Personality Disorder - 301.83 <input type="checkbox"/> Dependent Personality Disorder - 301.6 <input type="checkbox"/> Mental Retardation - 319.0 <input type="checkbox"/> Antisocial Personality Disorder - 301.7 <input type="checkbox"/> Borderline Personality Disorder - 301.83 <input type="checkbox"/> Narcissistic Personality Disorder - 301.81 <input type="checkbox"/> Personality Disorder NOS - 301.9
Axis III:	
Axis IV: Psychosocial Stressors:	
Axis V: Current GAF:	
Level of Care:	
PCM Release of Information:	<input checked="" type="radio"/> Obtained <input type="radio"/> Refused

EXHIBIT M

CorEMR - Carlos, Tiombe (i) :: Sick Calls | v5.0.0

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M

LOS unknown- MSE-denies hallucinations- denies SI- no agitation- no management problems-
Objective: blank
Assessment: no psychosis- denies SI- no agitation- stable on meds-
Plan: meds as is r/c 8 weeks
Education: blank

Entered by: Pamela Rollings-Mazza MD at patient request

☒ Add AddendumRecategorize to **Mental Health** ▼

04-25-2011 09:38 with Pamela Rollings-Mazza MD [Last Updated: 04-25-2011 09:44]

(No Related Actions)

Subjective: New Evaluation- INS- transferred from another facility - total since 2006- fighting deportation- PPH-hx of MH prior to jail- inpt-atot- remote-for violence-when off meds-'get moody'-act like different personalities- inpt times one since incarceration- MH meds-dec haldol- hx of lithium and thorazine- reports dx of 'schizophrenia/bipolar' poor historian- hx of hallucinations-awhile ago- mood -sometimes depressed- MSE-no overt psychosis- denies SI- no agitation- denies self injurious behavior- PMH-denies- SA-smoked MJ- states in past someone gave her PCP-delusional as result-

Locked: Yes
Interpreter used: No

Objective: blank

Assessment: likely dx- schizoaffective disorder- stable on meds- no overt psychosis- denies SI- ?low functioning

Plan: meds as is RTC 6 weeks

Education: blank

Entered by: Pamela Rollings-Mazza MD at patient request

☒ Add AddendumRecategorize to **Mental Health** ▼

04-20-2011 15:14 with Patrick Gallagher LPC (Task Priority: 1) [Last Updated: 04-20-2011 15:20]

Related Problems

- PSYCHOLOGICAL / MENTAL HEALTH,

Forms Completed

Form	Status	Actions
Relocation	Completed	<input checked="" type="checkbox"/>
Pass	on	

Subjective: Review psych obs status
Objective: Pt m,ood euthymic affect appropriate to mood.Pt thought process intact, no overt psychosis.Pt. denied SI and HI.Pt.oriented person, place and situation and cooperative.Pt insight and judgement limited.Pt is future oriented

Locked: Yes
Interpreter used: No

EXHIBIT N

N

PSYCHOLOGICAL EVALUATION

Name: Carlos, Tiombe

Date of Administration: May 25, 2011

Referral Source: Physicians for Human Rights

Tests Administered: Clinical interview lasting approximately two hours
Examination of Ms. Carlos medical and legal records
Telephone interviews with Ms. Carlos' mother and sister

Examiner: Ronald Noble, Ph. D., Clinical Psychology, University of Pennsylvania, Philadelphia, PA

Date of Report: September 14, 2011

Professional Background and Qualifications

I received my Bachelor of Science degree in Psychology in 1986 from Portland State University in Portland, Oregon. I obtained a Master's degree in Counseling Psychology in 1995 from Lewis & Clark College in Portland, Oregon. I received a Doctoral degree in Clinical Psychology from the University of Pennsylvania in 2007.

From 1993 to 1995, I was a Mental Health Therapist at Pacific Gateway Hospital, a psychiatric inpatient facility, and I worked weekly with individuals suffering from acute psychoses. Contemporaneously I worked for Network Behavioral Health Care in residential care facilities for clients with chronic mental illness, many of whom suffered from Schizophrenia. In this latter setting, I spent time daily working with clients who had psychotic symptoms such as fixed delusional beliefs.

During my doctoral training I conducted 12 integrated, supervised psychological assessments, including one in which I diagnosed Schizophrenia. I completed a year-long practicum at the University of Pennsylvania's Counseling and Psychological Services, where I conducted diagnostic intake assessments weekly. I conducted approximately 30 such assessments, in the course of which I screened clients for a variety of mental disorders, including Schizophrenia and other psychotic disorders.

From September of 2002 to July of 2004 I was employed in a research study in which I routinely determined whether participants suffer from a Major Depressive Disorder, and also screened patients for Schizophrenia and other psychotic disorders. While working on this study I received thorough training in psychiatric diagnosis using the *Structured Clinical Interview for the Diagnostic and Statistical Manual for Mental Disorders (SCID)*, including training in diagnosis of Schizophrenia and other psychotic disorders. I conducted approximately 40 extensive intake interviews for this study.

During a full-time pre-doctoral clinical internship at for Pacific University's Psychological Service Center, I conducted approximately 20 intake interviews. I screened all intake clients for psychotic disorders.

I have conducted seventeen previous asylum evaluations, from 2002 to 2011, including a case in 2009-10 which involved the diagnosis of Schizophrenia.

Carlos 129

Summary of findings

I interviewed Ms. Carlos for approximately two hours on May 25, 2011, at the York County Prison in York, Pennsylvania. Based on this interview, conversations with Ms. Carlos' mother and sister, and examinations of records, I determined that Ms. Carlos suffers severe psychotic symptoms. If Ms. Carlos suffers from Schizophrenia, it is most likely Schizophrenia, Paranoid Type. Ms. Carlos has been diagnosed with this disorder previously. It is also possible that Ms. Carlos suffers from Schizoaffective Disorder, Bipolar Type; in fact, this is the diagnosis most consistent with her entire history. Ms. Carlos is likely to suffer from her psychotic disorder permanently, and to need psychotropic medication and supportive care for the rest of her life.

Ms. Carlos has had some symptoms of Bipolar Disorder in the past and was at least once diagnosed with Bipolar Disorder. Ms. Carlos may separately suffer from Bipolar Disorder, or possibly from Schizoaffective Disorder. Bipolar Disorder itself is a very serious, chronic mental disorder requiring life-long use of medication to avoid disabling symptoms and psychiatric hospitalization.

Purpose of the Evaluation

A psychological evaluation of Ms. Carlos was requested by her attorney, Thomas Griffin, through Physicians for Human rights.

The purpose of the evaluation was to confirm is possible that Ms. Carlos was suffering from Schizophrenia as indicated by the reports of her mother and sister, and some hospital records.

Behavioral Observations

Ms. Carlos was escorted to the interview room by an officer of the prison. Ms. Carlos was compliant when told "sit there" by the officer who pointed to a chair.

Ms. Carlos was not well-oriented to time and place. When asked what the date was, she furrowed her brow and thought for awhile, then said she "this is the fourth month, right?" She was also unable to say what year it was. When asked where we were, Ms. Carlos correctly stated that we were in a prison, but believed the prison was located in Philadelphia. She commented "I've been here awhile." When asked who the President of the United States was, Ms. Carlos again appeared to be trying hard to remember and finally said the "the man with the white hair... Clinton?" When told the President's name was Barack Obama, Ms. Carlos said she had not heard of him. She also was unable to identify the photograph of George W. Bush in the interview room.

Ms. Carlos said she did not know where she was born, and expressed surprise when told the name of the country was Antigua and Barbuda. She expressed interest in knowing where Antigua and Barbuda was on the world map on the interview room wall, and stood up to try and find it by searching the map. When asked if she had siblings, Ms. Carlos reported that she did, but said she couldn't remember their names. Later in the interview, Ms. Carlos stated she remembered having siblings named Kim and Al, but said she couldn't remember if they were older or younger than her.

When asked why she was incarcerated, Ms. Carlos said she did not remember why she had originally been incarcerated. She said she had been in several different prisons. She did say "they want to deport me," and was able to explain what deportation means. Ms. Carlos said her attorney had visited her recently and explained this to her. Ms. Carlos believed she had been incarcerated since 2004 or 2005.

Ms. Carlos' affect was restricted during most of the interview. Several times, Ms. Carlos did laugh, and also expressed strong curiosity a few times about how I knew certain facts about her life.

Self-Reported History

Ms. Carlos said she had been told by her mother that she was born outside of the United States and came to the U.S. when she was three years old. Ms. Carlos reported having no memory of the place she was born. Ms. Carlos stated that she did not remember anything from her childhood until she was 14, when she stated she was first hospitalized. She did say, however, that prior to her first hospitalization, "I used to act normal."

Ms. Carlos reported that she believed her father was a construction worker, and that her mother was a nurse. She said that she got along fine with her parents while she was growing up. According to Ms. Carlos she lived with her mother and father part of the time, and also lived with her aunt for a period of time. However, she was unable to say who she lived with at what points in her childhood.

According to Ms. Carlos she was raped for the first time when she was 12 years old. She stated that one day she was walking home with a female friend, but that she and her friend decided to take different routes at some point, and that then Ms. Carlos was walking alone. Ms. Carlos reported that a boy grabbed her on the street and forced her into an abandoned building. She stated "I have a soft voice, so I can't scream." Ms. Carlos said that the boy raped her in the abandoned building.

Ms. Carlos reported that at age 14, after taking some drugs, she began "hallucinating, seeing stuff, and thinking people was trying to get me." When asked for specific hallucinations, Ms. Carlos said that she could see a "green man" her mother told her was not there. She said that she was put in "a mental health place for kids," and that "I pooped on the floor, and played with it," and that "I wasn't right in my head; it took a long time for me to come back around." According to Ms. Carlos she was first given the anti-psychotic medication Thorazine, but that she was allergic to it, and that then different medications were tried.

Ms. Carlos first stated that she didn't remember ever going to school, but then stated that she remembered high school. She said that other students would make fun of her. She remembered "They said I talked like a robot, and that I was retarded." Ms. Carlos said she did not want to go to school because of being ridiculed and said "I felt dumb." Ms. Carlos expressed the opinion that someone had "put some drugs in my weed" and that because of this "I'm not smart no more."

Ms. Carlos said that after her release from the hospital at age 14, that she lived with her mother in New York. After her release, Ms. Carlos stated that her level of functioning was poor. She reported that she remembered "talking slow, like I was retarded" after her release. She said that her brother would say she was crazy, and that this made her feel bad. Ms. Carlos reported that she lived in Philadelphia for awhile when she was about 19 years old. She also believed that she lived in Philadelphia for awhile at some earlier time but was unable to say when. Ms. Carlos stated that she has never held a paying job, stating that she had been told "I can't be working, because my mind is not right."

When asked about subsequent hospitalizations, Ms. Carlos said she had "been in the hospital more times than I can count on both hands." She said that she would be hospitalized when she got worse after going off her medication. After going off her medication, Ms. Carlos said she would start "acting funny" and that people would pick on her for this. She said she would get in fights with people when this happened.

Ms. Carlos reported that she was raped again at age 18. She said that this happened when her family had taken her "on a visit to my country." According to Ms. Carlos, she was raped when coming back from the beach. She said that she was familiar with the man who raped her, and that his name was Gunny. She reported that Gunny threatened to kill her if she ever told anyone, and that she did not tell anyone for years afterward. Ms. Carlos stated that Gunny used something like a large knife or machete to force her to submit to sex. Ms. Carlos also states that he cut her on her face with the knife.

Ms. Carlos reported that she had a daughter, Natalia about 12 years ago. Ms. Carlos said that she was in love with the father, but that "he slept with one of my friends." She also stated that her daughter's father hit her and "cut me on the head" when Ms. Carlos was pregnant with Natalia.

Ms. Carlos said she was with a friend and visiting Connecticut and Boston, and she was arrested for a fight in bar. She stated that she was upset because the bartender had given her the wrong beer, and threw a beer bottle. Ms. Carlos reported that the police were called and that she fought with the police, and was arrested.

When asked about the incident of biting a corrections officer, Ms. Carlos said that she had been accused of not taking her medicine. She stated that after she was asleep, correction officers had come to her cell and woke her up "to take me to segregation" because she hadn't taken her medicine. Ms. Carlos said that she resisted and the situation escalated, and in the course of being restrained and forcibly taken out of her cell, she bit the officer. According to Ms. Carlos, she was then put in segregation "I think for three years."

Ms. Carlos stated that she had been given a diagnosis of Paranoid Schizophrenia while incarcerated. She said that she is given "injections of Haldol in here, every two weeks," and reported "it keeps me calm." She said she believes the Haldol is very helpful, and that she would continue to take it if released from prison.

Ms. Carlos reported that she often feels sad in prison, and stated "nobody talks to me." She said she had had a cellmate who was unfriendly and mean to her. Ms. Carlos also said she was depressed because she cannot be with her daughter, Natalia.

Ms. Carlos also reports having felt sad much of the time prior to her incarceration. She says that she has difficulty making friends, and that people make fun of her and pick on her.

Review of Records

The first record available from Ms. Carlos' first hospitalization is dated July 12, 1994. It states that the day prior, after using marijuana, Ms. Carlos had begun hallucinating and acting in a bizarre manner. Likely because of a suspected connection between her recent drug use and psychotic symptoms, her initial Axis I diagnoses were (1) Organic Delusional Disorder and (2) Psychotic Disorder NOS (Not Otherwise Specified). Two days later, her Axis I diagnoses were listed as "Psychosis NOS" and "Organic Delusional R/O." R/O is the common notation for "rule out," indicating that Organic Delusional Disorder was then being considered as possible but unlikely. Her discharge summary, dated November 28, 1994, lists her diagnosis a Paranoid Schizophrenia, Chronic. The discharge summary indicates Ms. Carlos was still having symptoms at the time she left the hospital, and was discharged against medical advice.

Records from the St. Barnabas Hospital in Bronx, New York indicate Ms. Carlos was hospitalized in May of 1996. At admission, Ms. Carlos was described as "agitated, not sleeping, responding to internal stimuli." She was initially described as violent and needing to be restrained. The records indicate a provisional diagnosis of Bipolar Disorder, Manic, with Psychotic Features. The records indicate that Ms.

Carlos was discharged with the medications Navene, Ativan, and Valproic Acid. Navene is an anti-psychotic medication used to treat Schizophrenia; Valproic Acid, also marketed as Depakote, is to treat Bipolar Disorder. Ativan is used to treat anxiety.

Records from the New York Office of Temporary and Disability Assistance Division of Disability Determination indicate that someone from that office saw Ms. Carlos on June 19, 1998, on July 14, 1998, and apparently in the interim at a psychiatric hospital during one of Ms. Carlos' hospitalizations. These records at one point describe Ms. Carlos as "agitated, angry, hostile, and verbally abusive," and mentions that she disrobes herself in public. The records also said Ms. Carlos was "paranoid and has poor impulse control."

These records from the Disability Determination Office relate that Ms. Carlos ceased going to an outpatient clinic for nine months, stopped taking medications, and became increasingly violent, "picking on innocent bystanders who she accused of laughing at her." The records indicate Ms. Carlos was brought to an emergency room, agitated and spitting at staff. The records state that Ms. Carlos speech was pressured.

However, these records indicate that at a later time Ms. Carlos was greatly improved. At this point, Ms. Carlos is described as cooperative, with a good mood and appropriate affect. The records state that Ms. Carlos has good eye contact, and no delusions or hallucinations. She is described as having a good memory and good general knowledge, the ability to perform calculations, and good insight and judgment. Those records list Ms. Carlos' diagnosis as "Bipolar I Disorder, Manic, with psych." The "with psych" likely means "with Psychotic Features."

Reports from mother and sister

Ms. Carlos' mother reported that Ms. Carlos was "normal" up until shortly before her first hospitalization. According to Ms. Carlos' mother, Ms. Carlos began having difficulties in school during junior high, and often would not attend class.

Ms. Carlos mother stated that Ms. Carlos first went into a psychiatric hospital at age 16. According to Ms. Carlos mother, Ms. Carlos came home one day, acting strangely, and was "talking, talking, talking, and wouldn't eat, and wouldn't rest." Ms. Carlos mother said that Ms. Carlos was in the hospital for several months, and was discharged, but was sent back within a week, and then remained hospitalized for another three months.

After that, Ms. Carlos' mother described Ms. Carlos' as being "in and out, in and out of the hospital." Ms. Carlos' mother reported that Ms. Carlos would do fine as long as she stayed home and took her medication. However, Ms. Carlos mother stated that when Ms. Carlos stopped taking her medication, she would soon start "acting strangely" and get into trouble. Ms. Carlos' mother said that her daughter was hospitalized many times. She stated that initially she counted the number of times that Ms. Carlos was in the hospital, but that she then lost track.

Ms. Carlos' mother said that for the majority of the time up until her current incarceration, Ms. Carlos lived with her. According to Ms. Carlos' mother, Ms. Carlos did live for a time in a residential care facility for minors with mental illness. Ms. Carlos' mother reported that when Ms. Carlos turned 18 she could no longer stay at this facility, and that there was not another option available which would not cost more than Ms. Carlos could afford to pay.

Ms. Carlos' mother said that Schizophrenia was the diagnosis she understood Ms. Carlos to carry. Upon questioning, Ms. Carlos' mother did recall that she had also been told at one time that Ms. Carlos had

Bipolar Disorder. Ms. Carlos' mother also reported that Ms. Carlos has a younger brother, now age 27, who has been diagnosed with Bipolar Disorder.

Ms. Carlos' sister related similar details of Ms. Carlos' life. Ms. Carlos' sister confirmed that Ms. Carlos has been hospitalized many times, and that hospitalization usually follows after Ms. Carlos stops taking her medication. Ms. Carlos' sister indicated that marijuana has played a part in most of Ms. Carlos' difficulties. According to Ms. Carlos' sister, Ms. Carlos often would use marijuana around the time she stopped taking her medicine, and get into trouble. Ms. Carlos' sister also stated that she understood that her Ms. Carlos suffers from Schizophrenia.

Both Ms. Carlos' mother and sister stated that Ms. Carlos is afraid of police officers. Both reported believing that Ms. Carlos had been handled roughly by some officers in the past, and that this contributed to her fear of law enforcement.

Evaluation for Schizophrenia

Schizophrenia is a clinical syndrome of unknown etiology, characterized by serious disturbance in thought processes. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, (DSM-IV) indicates that in order to qualify for a diagnosis of Schizophrenia, a person must meet the following criteria:

- A. **Two or more of these symptoms have been present for a significant period of time during a one-month period:** (1) delusions, (2) hallucinations, (3) disorganized speech, (4) grossly disorganized or catatonic behavior, and (5) negative symptoms such as affective flattening, alogia, or avolition.

Only one of the above symptoms is required if delusions are bizarre or hallucinations include voices keeping a running commentary on the person's behavior or thoughts, or multiple voices conversing with each other

- B. **Social/occupational dysfunction:** one or more areas of functioning are markedly below that achieved prior to the disturbance onset (e.g., work, interpersonal relations, or self-care). If the onset is in childhood or adolescence, then there is failure to achieve the expected level of interpersonal, academic, or occupational achievement.

- C. **Duration:** The one month of symptoms must be embedded in a period of some disturbance lasting at least six months.

- D. **Schizoaffective and Mood Disorder exclusion:** Schizoaffective and Mood Disorder With Psychotic Features must be ruled out.

- E. **Substance/general medical condition exclusion:** The disturbance is not due to effects of a substance or a medical condition.

Criterion A1 (Delusions):

Delusions are fixed false beliefs which are impervious to evidence of their implausibility. Bizarre delusions are delusions which are not only extremely unlikely but also totally implausible.

Records from Ms. Carlos' first hospitalization contain several reference to paranoid ideas. This is not enough to establish her thoughts were delusional, though they might have been. However, her discharge summary does refer to "persecutory delusions," without elaborating.

Ms. Carlos indicated several delusional beliefs during my interview with her. She stated that when playing pool she could move the cue ball by looking at it with her eyes. Ms. Carlos reported that in the past she had been able to change the color of a woman's eyes by looking into them. She said this had happened when she was pregnant with her daughter, and also "at the other jail." Ms. Carlos also reported that "If a woman's butt is flat, and if I look at it, it will get shapely." After this last comment, Ms. Carlos added "I don't know if I am bugging or what." Upon questioning, she clarified that she was not sure in retrospect if she had these powers, but that she had been 100% certain at previous times that she had special powers.

Criterion A2 (Hallucinations):

Hallucinations are sensory perceptions in any sensory modality of things which do not exist, which occur in the absence of a stimulus, and are convincing enough to be taken as real.

Ms. Carlos has reported auditory hallucinations at least since her first hospitalization, apparently at age 15, when according to hospital records, she was "constantly hearing voices." Another notation in the hospital records indicates that the voices had a "commenting and derogatory context," likely meaning that the voices were commenting on what Ms. Carlos was doing and saying derogatory things about her. Her discharge summary indicates she was still experiencing auditory hallucination at the time of discharge.

Ms. Carlos reports that she has continued to hear voices since her first hospitalization. She states that "I'll get worse, and hear more, if I don't take my meds." Ms. Carlos says that the voices often make derogatory comments, for example telling Ms. Carlos that her mother doesn't like her.

Criterion A3 (Disorganized Speech):

Disorganized speech in Schizophrenia is a manifestation of an inability to weave logical and coherent threads of thought. Disorganized speech includes irrelevant responses to questions, slipping off topic, speech that is incoherent, and ceasing speech suddenly in the middle of talking.

Ms. Carlos' speech was not disorganized during my interview with her. Records from her first hospitalization indicate "disorganized thinking." The example of thought blocking is used, which refers to a person suddenly ceasing speech in the middle of talking for several seconds to a few minutes. Subjectively, the individual may feel the thought has been taken out of their head. Thus, Ms. Carlos may have had this symptom in the past.

Criterion A4 (Grossly Disorganized or Catatonic Behavior):

Grossly disorganized behavior refers to behavior which is disorganized in a major way. Catatonic Behavior refers to gross disturbances in motor (muscular) behavior including extreme rigidity and excessive motor activity unrelated to physical stimuli.

Records from her first hospitalization say that Ms. Carlos entered the hospital "in a catatonic state" and that she "assumed bizarre postures" (a type of catatonic behavior) shortly after being admitted. Records from her first hospitalization describe her as "disorganized" but do not elaborate further. Ms. Carlos showed no evidence of disorganized or catatonic behavior during my interview with her, but appears to have had this symptom during her initial hospitalization.

Criterion A5 (Negative symptoms):

Affective flattening refers to an extreme loss of facial expressiveness. Ms. Carlos affect was somewhat restricted during much of my interview with her, but not so extremely as to qualify as a negative symptom. Ms. Carlos was described in records of her first hospitalization as having a "blunt mood," meaning that she had an abnormally neutral mood, showing very little positive or negative emotion, despite her circumstances.

Avolition refers to a lack of motivation for goal-directed behavior, and alogia means an extreme lack of speech. Ms. Carlos showed no evidence of these symptoms either during the interview.

It is thus possible that Ms. Carlos experienced negative symptoms during her first hospitalization, but she did not show evidence of negative symptoms during my interview with her.

Criterion A Summary

Ms. Carlos has suffered from both delusions and hallucinations (auditory and visual) since her initial hospitalization. Some of her delusions (e.g., believing she could change parts of other people's bodies by looking at them) are arguably bizarre. These symptoms alone are enough to meet Criterion A for Schizophrenia.

There is some evidence that Ms. Carlos has suffered from other Criterion A symptoms as well in the past, though she does not appear to be suffering from them at the present time.

Criterion B (Social/occupational dysfunction):

Ms. Carlos reports, and her mother and sister confirm that she has never held a paying job, and that prior to her incarceration that she qualified for and received disability payments. Ms. Carlos is described by herself, her mother, and her sister as having had multiple hospitalizations and run-ins with law enforcement since her initial hospitalization.

Thus Ms. Carlos meets Criterion B for Schizophrenia.

Criterion C (Duration):

Ms. Carlos first hospitalization lasted four and a half months. Although her discharge summary describes her symptoms of delusions and hallucinations as "in remission," Ms. Carlos was discharged against medical advice. According to Ms. Carlos' mother, Ms. Carlos after her was re-hospitalized about a week after her discharge for an additional three months.

It is very likely that Ms. Carlos has met the duration criteria

Criterion D (Schizoaffective and Mood Disorder exclusion):

Schizoaffective Disorder is a disorder in which Criterion A for Schizophrenia are met, and major mood difficulties exist for some, but not all, of the period for which Criterion A is met. Mood Disorder with Psychotic Features is a disorder in which mood difficulties are the main problem. In either case, these difficulties can be related to overly negative or an overly positive mood. If a person has psychotic

symptoms only when having significant mood difficulties, the appropriate diagnosis is more likely to be Mood Disorder with Psychotic Features.

It is impossible to rule out either of these diagnoses in Ms. Carlos' case. Ms. Carlos denied significant mood symptoms were associated with her psychotic episodes. However, Ms. Carlos' mother described Ms. Carlos' initial psychotic episode as including features of a manic episode, a type of mood episode most often seen in Bipolar Disorder. According to Ms. Carlos' mother, when Ms. Carlos first began acting strangely, she would "talk, talk, talk," and stay up most of the night without getting tired. Ms. Carlos' mother said that these symptoms were also part of some of Ms. Carlos' other psychotic episodes, though she could not recall definitively whether they always were. The symptoms of constant talking and lack of need for sleep are consistent with a manic episode. Because Ms. Carlos' mother was attempting to give second-hand accounts of episodes that occurred many years ago, it could not be determined whether Ms. Carlos ever had enough symptoms to be said to have had a manic episode in conjunction with her psychotic symptoms. However, she may have, and the fact that Ms. Carlos was at least once diagnosed with Bipolar Disorder increases the likelihood of this.

Criterion E (Substance/general medical condition exclusion):

Various substances can cause acute hallucinations and delusions. An organic cause was suspected during Ms. Carlos' initial hospitalization, since she had been using drugs just prior to her admission. However, Ms. Carlos' symptoms persisted in the hospital long after any drugs would have been out of her system. Therefore it does not appear that her symptoms are due to a substance or a general medical condition.

Schizophrenia Subtype

There are several subtypes of Schizophrenia. The subtype depends on which of the symptoms listed in Criterion A are present. When there are delusions and/or hallucinations, but disorganized speech, disorganized or catatonic behavior, and flat or inappropriate affect are absent or not prominent, the subtype is Paranoid. This is the case with Ms. Carlos at the present time.

Evaluation of symptoms of Manic Episodes

A Manic Episode is a Mood Episode, which is a part of Bipolar Disorder, and can be a part of Schizoaffective Disorder. The DSM-IV states that a Manic Episode involves:

- A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week.
- B. The period of mood disturbance must involve at least three of the following symptoms: (1) inflated self-esteem or grandiosity, (2) decreased need for sleep, (3) unusual talkativeness or pressure to keep talking, (4) flight of ideas or racing thoughts, (5) distractibility, (6) increased goal-directed activity, and (7) excessive involvement in pleasurable activities having high potential for painful consequences

As with Schizophrenia, there are requirements that the symptoms not simply be due to the effects of a substance or general medical condition. The mood disturbance must be severe enough to cause marked impairment in functioning or to necessitate hospitalization.

Ms. Carlos was not questioned in detail about these symptoms. However, hospital records and reports from Ms. Carlos' mother have indicated a decreased need for sleep, pressured speech, and unusual talkativeness in conjunction with episodes leading to psychiatric hospitalization. Ms. Carlos has received the diagnosis of Bipolar Disorder in the past, which makes it likely that she has in fact suffered from enough symptoms to qualify for a Manic Episode. Also, Bipolar Disorder, like Schizophrenia, has a genetic component, and the fact the Ms. Carlos has a brother suffering from Bipolar Disorder increases the likelihood that she suffers from this disorder.

Conclusions

Diagnostic Issues

Ms. Carlos meets the criteria for Schizophrenia, Paranoid Type, with the possible exception of Criterion D, which is the exclusion of a Mood Disorder and Schizoaffective Disorder. Historically, the limited records available show that she has been given the diagnoses of Schizophrenia, Paranoid Type, and Bipolar Disorder, Manic, with Psychotic Features. By her own report and the reports of her mother and sister, Ms. Carlos has been hospitalized more times than any of them can count. Ms. Carlos and her mother and sister understand her diagnosis to be Schizophrenia.

During her first psychiatric hospitalization Ms. Carlos was initially given the diagnoses of Organic Delusional Disorder and Psychotic Disorder NOS, then these diagnoses were changed to rule outs, and the diagnosis upon discharge was Paranoid Schizophrenia, Chronic. The most reasonable interpretation of this sequence of diagnoses is that because Ms. Carlos' psychotic break coincided with drug use, drugs were initially suspected as the cause of her psychotic symptoms. However, over time it became clear that she had psychotic symptoms even without drugs in her system. The diagnosis of Psychotic Disorder NOS simply indicates that sufficient evidence had not yet accumulated that Ms. Carlos suffered from Schizophrenia. During her four and half months of hospitalization, it became clear that the diagnosis that best fit Ms. Carlos' symptoms was Schizophrenia, Paranoid Type. Although drugs could have exacerbated her symptoms, their underlying cause was not marijuana or other drugs.

At later points, Ms. Carlos was diagnosed with Bipolar Disorder, Manic, with Psychotic Features. Since Bipolar Disorder is a Mood Disorder, this would be a type of Mood Disorder with Psychotic Features. The records and Ms. Carlos mother both describe features such as pressured speech and a lack of need for sleep which are consistent with this diagnosis.

Both diagnoses involve psychotic features (hallucinations and delusions). In a Mood Disorder with Psychotic Features, psychotic symptoms are never present in the absence of Mood Disorder symptoms. Thus the diagnosis of Bipolar, Manic, with Psychotic Features should indicate that Ms. Carlos always suffered symptoms of a manic episode along with her psychotic symptoms. On the other hand, during Ms. Carlos initial hospitalization, which last several months, she was not given a Mood Disorder diagnosis and manic symptoms are not described.

A diagnosis consistent with all of the information about Ms. Carlos would be Schizoaffective Disorder. In Schizoaffective Disorder, a person suffers a Mood Episode for some but not all of the time during which they suffer from psychotic symptoms. Different clinicians at different hospitals might see presentations which did or did not involve symptoms of a manic episode, and this could account for the differing diagnoses.

Ms. Carlos may also suffer from other disorders which there was not time to adequately evaluate. Ms. Carlos reports having been the victim of rape on more than one occasion. It is common for victims of

sexual assault to suffer Posttraumatic Stress Disorder (PTSD). Even in cases where victims of sexual assault do not meet full diagnostic criteria for PTSD often suffer long-term emotional distress as a result of having been sexually assaulted.

Ms. Carlos may also meet criteria for a Substance Abuse Disorder, since her difficulties with the law seem to have often been associated with the use of marijuana or alcohol.

Prognosis: Risk of future hospitalization and danger to self and others

Regardless of which diagnosis is ultimately correct, Ms. Carlos suffers from a severe, chronic mental illness. Persons in the midst of either a Manic Episode or the active phase of Schizophrenia have terrible judgment, minimal insight, and a great propensity to get into trouble. While in their active phases, they are almost impossible to treat in an outpatient setting. Schizophrenia, Bipolar Disorder, and Schizoaffective Disorder are normally lifelong conditions which must be treated with medication. Without medications, patients with these disorders will be unable to care for themselves during the active phase of their illnesses, and will likely end up involuntarily hospitalized during the frequent recurrences of their symptoms. This has already been the case with Ms. Carlos on many occasions.

On the other hand, a person who is compliant with his or her medication regimen and who lives in a structured environment with supportive care will suffer far fewer episodes of active symptoms. Individuals with well-treated Bipolar Disorder can usually lead fairly normal lives. Individuals with Schizophrenia, even with medication, normally function at a lower level, but in some cases can work part-time and have a reasonable quality of life. If Ms. Carlos can live in a structured environment and remain medication compliant, her risk of future hospitalization should be greatly reduced.

Since historically Ms. Carlos disorderly and assaultive behavior has been associated with her going off of her prescribed medications, the risk of this type of behavior should be greatly reduced if Ms. Carlos remains medication compliant.

Though Ms. Carlos has often not been compliant with medications in the past, there are some hopeful signs in this regard. Ms. Carlos was coherent and cooperative during my interview with her. She described Haldol as helpful to her and stated her willingness to keep taking it.

The risk of disorderly/assaultive behavior can also be reduced if Ms. Carlos refrains from the use of marijuana, alcohol, and other drugs. In fact some studies have found that absent substance abuse, persons with severe mental illness are not at any increased risk of violent behavior as compared to the general population.

Ms. Carlos risk of disorderly/assaultive behavior also will be reduced as a function of age. As with the general population, the risk of such behavior in persons with severe mental illness declines as a person ages.

Persons with severe mental illness are also at greater risk of being victims of crime and assault. Ms. Carlos has been the victim of sexual assault, and as a person with a severe mental illness is at risk of being a victim in the future. This risk can also be reduced by the close care of mental health professionals and a supportive, structured environment.

Diagnostic Summary:

Axis I 295.70 Schizoaffective Disorder (Provisional)
R/O Schizophrenia, Paranoid Type
Carlos 139

R/O Bipolar Disorder, Manic, with Psychotic Features
 R/O Cannabis Abuse, Alcohol Abuse
 R/O Posttraumatic Stress Disorder
 Axis II (Personality Disorders) No Diagnosis
 Axis III (Relevant Medical Diagnosis) None
 Axis IV (Significant Stressors): Incarceration, Lack of Social Support
 Axis V (Global functioning, 1-100 scale): 30-50

Recommendations

Ms. Carlos needs to be under the care of a psychiatrist who can prescribe appropriate psychotropic medications and monitor her symptoms. She needs a supportive and structured living environment. This environment should minimize her stress levels. Ms. Carlos should be under the close supervision of persons who can monitor her compliance with medications, recognize psychotic and/or manic symptoms and intervene quickly if necessary. Ms. Carlos should be evaluated for a substance abuse disorder, and supported in refraining from the use of alcohol and recreational drugs.

A group home setting for individuals suffering from chronic mental illness should be considered for Ms. Carlos. If this is not possible or Ms. Carlos is not willing, family members should be provided with strong education and support in assisting Ms. Carlos in remaining treatment compliant and dealing with tasks for everyday life.

Finally, Ms. Carlos should be evaluated for PTSD and other psychological consequences of having been a rape victim on more than one occasion. Social skills training to avoid putting herself at increased risk of future assaults should also be considered.

I declare under penalty of perjury under the laws of the State of Pennsylvania that the foregoing is true and correct.

Ronald Noble

Ronald Noble, Ph. D.
 Evaluator

September 14, 2011
 Date

Judy L. Eidelson, Ph.D.

Judy Eidelson, Ph.D.
 Psychologist, PA License # PS-4168-L

September 16, 2011
 Date

EXHIBIT 0

CorEMR - Tiombe (i) Carlos :: Relocation Pass - Suicide Precautions (FULL) (Revised 4/... Page 1 of 1

**Relocation
Pass - Suicide
Precautions
(FULL)
(Revised
4/17/15)**

JMS ID: 172760 Location: [OUT]
 DOB: [REDACTED] Ethnicity:
 Age: 36 Interviewer: Heist, MA, Deidre (08/08/2011 18:38)
 Agency: INS

Tiombe (i) Carlos
 #172760-1

TO: All Staff FROM: Medical Department RE: Medical Restrictions		
The above listed inmate/patient was evaluated by the medical staff and needs the following restrictions:		
Restriction Period		
Restrict From:		06-08-2011
Restrict To:		
Until Cleared By:	<input checked="" type="checkbox"/> Psychologist/Psychiatrist <input type="checkbox"/> Medical Provider (MD, PA, NP)	
Restrictions		
Special Conditions:	<input checked="" type="checkbox"/> Suicide Smock <input checked="" type="checkbox"/> Finger Food <input checked="" type="checkbox"/> Styrofoam or Paper Tray <input checked="" type="checkbox"/> No Sharps <input checked="" type="checkbox"/> Strip Cell <input checked="" type="checkbox"/> No Shoe Laces	
Housing:	<input checked="" type="checkbox"/> Move to O Unit <input type="checkbox"/> No Exercise	Bau
Checks:	<input type="checkbox"/> 10 Min <input checked="" type="checkbox"/> 15 Min <input type="checkbox"/> 30 Min <input type="checkbox"/> Other - Please specify	
Date and Time DOJ Initiated		06-08-2011
Copy: Treatment; Shift Commander; Inmate; Unit Officer; HSA		